

Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (*such as boils and infected wounds, however small*).

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. *Salmonella* Typhi (typhoid fever)
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A
6. nontyphoidal *Salmonella*

Note: The **manager must report to the Health Department** when an employee has one of these illnesses.

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or nontyphoidal *Salmonella*.
2. A household member with Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or nontyphoidal *Salmonella*.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or nontyphoidal *Salmonella*.

I agree to report to the manager when:

1. I am the suspected source of a confirmed disease outbreak because I consumed or prepared food in the outbreak.
2. I have been exposed to a confirmed disease outbreak because I consumed or prepared food in the outbreak.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded*** or **restricted**** from work.

**If you are excluded from work you are not allowed to come to work.*

***If you are restricted from work you are allowed to come to work, but your duties may be limited.*

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until **more than 24 hours have passed** since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever; having jaundice (yellowing of the skin and/or eyes), Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. infection, *E. coli* infection, Hepatitis A, and/or nontyphoidal *Salmonella*; or because you have been exposed to an illness or outbreak you will not be able to return to work until **Health Department approval** is granted.

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-Charge) Name (please print) _____

Signature of Manager (Person-in-Charge) _____ Date _____